

STATEMENT UNDER 37 CFR 3.73(B)Applicant/Patent Owner: Samuel W. HOApplication No./Patent No. 10/086,557 Filed/Issue Date: February 28, 2002Entitled: QUALITY RATING TOOL FOR THE HEALTH CARE INDUSTRYPACIFICARE HEALTH SYSTEMS, LLC, a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership,
university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Samuel W. HO To: PACIFICARE HEALTH SYSTEMS, INC.
The document was recorded in the United States Patent and Trademark Office at
Reel 012672, Frame 0370, or for which a copy thereof is attached.

2. From: PACIFICARE HEALTH SYSTEMS, INC. To: PACIFICARE HEALTH SYSTEMS, LLC
The document was recorded in the United States Patent and Trademark Office at
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- ☐ Additional documents in the chain of title are listed on a supplemental sheet.
- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (*Le.*, a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.081]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Michael C. Barrett

Signature

April 2, 2007

Date

Michael C. Barrett reg. no. 44,523

Printed or Typed Name

(512) 474-5201

Telephone Number

Attorney

Title

UH GK:159US

File Code

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/086,557
Filing Date	February 28, 2002
First Named Inventor	Samuel W. HO
Art Unit	3626
Examiner Name	LE, LINH GIANG
Attorney Docket Number	UH GK:159US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

32425

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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